## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10 579423	
APPLICANT(S)	

## CLAIMS

	AS F	ILED	ED AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<u> </u>					
3	,					··
4	<u> </u>					
5	<del></del>					
6	,					,
7			-		,	
8			•			
.9						
10						
11						
13	<del>                                     </del>					
14						<del></del>
15		-				
16	<del></del>					
17						
18						
. 19						
20		,				
21		₹ .				
22	- 33 :	.`				
23 24	<del>                                     </del>		<del></del>			
25						
26	<del></del>					
27		~			<del>  </del>	
28					<del></del>	
29						
30					<del></del>	
31						
32						
33						
34						
35	]					
36	ļļ					
37	<b></b>					
38	<b></b>					
39	<u> </u>					
40	•					
42						
43	<b></b>					
44						
45		•				
46						
47						
48						
49					I	
50.						
TOTAL IND.	a	4 I		# I	T	. <b>₽</b> ]
TOTAL	7	, <b>*</b>				_
DEP.	·	<b>←</b> I		<b>←</b> I		<b>4</b>
TOTAL	3				1	
CLAIMS						